UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

OMB APPROVAL OMB Number: 3235-0076 Expires: Estimated average burden hours perresponse.....16.00



UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering ([]] check if this is an amondment and name has changed, and indicate change.) Diamond Capital Fund, LP	06047167
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment) uroe
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Diamond Capital Fund, LP	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
202 S. Second St., Fairfield, IA 52556	641-469-5188
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) N/A	Telephone Number (including Area Code)
Brief Description of Business	<u> </u>
Trading of commodity futures and options interests.	
Type of Business Organization corporation limited partnership, already formed other (business trust limited partnership, to be formed	please specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization: O 6 O S Actual Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State ON for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	Marioan
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6)	or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or hear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for a ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim to accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	

SEC 1972 (6-02)

filling of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to life the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the



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2. Enter the information r	equested for the fo	llowing;			
 Each promoter of 	the issuer, if the is	sver has been organiz	ed within the past five y	cars;	
 Bach beneficial ov 	vner having the pow	er to vote or dispose, o	or direct the vote or dispo	sition of, 10% or more a	of a class of equity securities of the iss
 Each executive of 	ficer and director o	f corporate issuers an	d of corporate general ar	o erontug gariganam bi	f partnership issuers; and
 Euch general and 	managing partner o	f partnership issuers.			
Check Box(cs) that Apply:	[] Promoter	Beneficial Own	ner Executive Of	ficer Director	Cicheral and/or Managing Partner
i'ull Name (Last name first, iowa Capital Managame				***	
Business or Residence Addre 202 S. Second St., Fairfi	ss (Number and	Street, City, State, Zi	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owr	ter 📝 Fraculive Of	ficer Director	General and/or Managing Perinet
Full Name (Last name first, Michael J. McKay	f individual)				
Business or Residence Addre 202 S. Second St., Fairfie	•	Street, City, State, Zij	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Of	ficer Director	General and/or Managing Partner
Full Name (Last name first,	f individual)			The second se	
Business or Residence Addre	ss (Number and	Street, City, State, Zip	p Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Of	ficer Director	General and/or Managing Partner
Full Name (Lust name first, i	f individual)				
Husiness or Residence Addre	ess (Number and	Street, City, State, Ziq	Code)	···	
Check Box(es) that Apply:	Promoter	Beneficial Own	er	liver Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zij	Code)		·
Check Box(es) that Apply:	Promoter	Beneficial Own	or [Executive Of	Neer Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Own	Executive Of	ficer Director	["] General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
	(Use blac	ak sheet, or cupy and	use additional copies of	this sheet, as necessary)

in district						(OS/ABO)	TE OFFER	NG W				
i. Hast	the issuer so	ld, or does	the issuer	intend to w	ell to non-	ecredited	investore i	n this affin	·inc?	-	Yes	No
		-,			n Appendix						K	n
2. What	r is the minir	num invest					_				s 50	,000.000
						+WAI	VABLE	AT G	P. Disc	RETION	Yes	No
	the offering										12	. 🔞
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Full Name None	: (Last name	first, if inc	lividual)				·.					
Business (or Residence	Address (?	Yumber an	d Street, C	ity, State, 2	(ip Code)	1					
Name of /	Associated B	roker or De	aler				·····					·
States in V	Which Person	Listed II:	s Solicited	or Intends	to Solicit	Purchasers			_			
	k "All State									d	□ VI	l States
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MI	NE	NY	NH	נען	[NM]	NY	NC	ND)	<u>(011)</u>	OK	OR	PA
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Full Name	(Last name	first, if ind	lividual)						·			
Business	or Residence	Address (Number an	d Street, C	ity, State,	Zip Code)					<u> </u>	,
Name of A	Associated B	roker or De	aler		- //2 / ,	<u></u>						
States in V	Vhich Person	Listed IIa	s Solicited	or Intends	to Solicit	Purchasors	·					
	k "All State				•					***************************************	[] AI	l States
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Tun Name	(Last hame		it vitually	T								
Business	or Residence	Address (Number an	d Street, C	City, State, I	Zip Code)						***************************************
Name of A	ssociated B	roker or De	aler	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·		, , <u>, , , , , , , , , , , , , , , , , </u>					· · · · · · · · · · · · · · · · · · ·
States in V	Vhich Persor	Listed Ha	s Salicited	or Intends	to Solicit	Purchasers					<u> </u>	
(Chec	k "All State	s" or check	individual	States)			***************************************			.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ V I	l States
AL	[AK]	AZ	AR	CA	CO	CŢ	DE	DC	FL	$G\overline{\Lambda}$	HI	[ID]
NATE:			KS	KY)	LA)	ME	MD)	MA	MI	MN	MS	MO
IMI RI	[NE]	NV SD	[IN]	TX	NM)	NY] [VT]	NC VA	(ND) (WA)	OII) WV	(ok) (wi)	OR WY	[PA]
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	TO THE REPORT OF THE PROPERTY	PROGREDS	ong it said to be a second Second second to the second second
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	s
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	s	S
	Partnership Interests	=	\$ 139,180.87
	Other (Specify)		
	Total		s 139,180.87
	Answer also in Appendix, Column 3, if filing under ULOE.	UNA CHITED	
	offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors	6	s_139,180.87
	Non-accredited Investors	0	\$ 0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		:
1.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dullar Amount
	Type of Offering	Security	Sold
	Rule 505		2
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		'
	Trunsfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees	.,,,,,,	\$
	Sales Commissions (specify finders' fccs separately)		\$
	Other Expenses (identify)		\$
	Total		s_0.00

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	and total expenses furnished in response to Part C.	fering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross		STED STED
5.	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and i of the payments listed must equal the adjusted gross art C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees] \$	<u></u>
	Purchase of real estate] \$	1 15
	Purchase, rental or leasing and installation of m		_	
		acilities		
	Acquisition of other businesses (including the voffering that may be used in exchange for the as	value of securities involved in this		
		ccount.		
			j \$ <u> </u>	[]\$
	Column Totals		\$ 0.00	S 0.00
	Total Payments Listed (column totals added)		_ s <u>_</u> €-	00 UNLIMITED
-		D. FEDERAL SICKATORE		
The		he undersigned duly authorized person. If this notice		
		furnish to the U.S. Securities and Exchange Cummiss coredited investor pursuant to paragraph (b)(2) of Re		n request of its staff,
Issu	er (Print or Type)	Signature	atc	
Dia	mond Capital Fund, LP	TURW)	ept. 13, 2006	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	,	
Mich	ael J. McKay	President, Iowa Capital Management, Inc., Ger	ioral Partner	
			.,	<u> </u>
		,		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		The state of the s			
1.		230.262 presently subject to any of the disqua		Yes	No Æ
		See Appendix, Column 5, for state resp	onse.		
2.	The undersigned issuer hereby und D (17 CFR 239.500) at such times	ertakes to furnish to any state administrator of a s as required by state law.	ny state in which this notice is fi	led a no	tice un Form
3.	The undersigned issuer hereby un issuer to offerees.	dertakes to furnish to the state administrators,	upon written request, informati	ոս Նուև	ished by the
4.	limited Offering Exemption (ULO	that the issuer is familiar with the conditions E) of the state in which this notice is filed and of establishing that these conditions have been	understands that the issuer claim		
	er has read this notification and know thorized person,	ws the contents to be true and has duly caused thi	s notice to be signed on its behal	f by the	undersigned
Issuer (Print or Type)	Significan	Date	-	
Diamon	d Capital Fund, LP	1000	Sept. 13, 2006		
Name (F	Print or Type)	Title (Print or Type)		. —	
Michae -	I J. McKay	President, Iowa Capital Manage	ment, Inc., General Partner		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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	to non-ac investors	to sell ccredited s in State -Item !)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part F-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in Stato C-Item 2)		under Sta (if yes, explana	ation of granted)
State	Yes No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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	Intend to soll to non-accredited investors in State of		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									